



IN THE UNITED STATES PATER	I AND TRADEMARK OFFICE
Thereby certify that this transmittal of the below described document is bearing First Class Postage and addressed to the Commissioner for Pate of deposit.	eing deposited with the United States Postal Service in an envelope ents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date
Date of Deposit: Name of Person KATHERINE RIN Making the Deposit:	ALDI Signature of the Person Hathern Renald.
In re Application of: James Daniel Merchant, Gordon C Anup Nayak and Andrew Wright	arsksdon, Brian P. Evans, Jeffrey Scott Hunt,
Application No.: 09/ 684,160	Examiner: Hamilton, M. G. RECEIVED
Filed: 10/04/00	Art Unit: 2172 OCT 1 4 2004
Confirmation No.: 1666	
For: METHOD AND SYSTEM FOR GENERATING A B CONFIGURATION BITS FROM A SCHEMATIC HIER	
Commissioner for Patents P.O. Box 1450	
Alexandria, VA 22313-1450 <u>AMENDME</u>	NT TRANSMITTAL
Transmitted herewith is an amendment for this	application
 X Transmitted herewith is a response to an office at (13 sheets) Transmitted herewith are sheets of sul X Other: 5 sheets of Terminal Disclaimer and fee or 	bstitute formal drawings.
2. Applicant is other than a small entity	
Extension	n of Term
3. The proceedings herein are for a patent applic	eation and the provisions of 37 C.F.R. 1.136 apply.
(a) [] Applicant petitions for an extension of (fees: 37 C.F.R. 1.17(a)-(d) for the total	
Extension [] one month [] two months [] three months [] four months	<u>Fee</u> \$110.00 \$430.00 \$980.00 \$1,530.00
	Fee \$
If an additional extension of time is required, please co	ensider this a petition therefor.

(b) Applicant believes that no extension of term is required. However, this conditional petition is [X] being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Attorney Docket No.: CYPR-CD00055

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a	small entity)					
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total	
Total Claims	16 - 21 =		0	x \$18.00	\$0.00	
Independent Claims 3		- 3 =	0	x \$88.00	\$0.00	
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$300.00						
Total Fees					\$0.00	

PAYMENT OF FEES

	provided as follows:
[x]	The Commissioner is hereby authorized to charge any additional fees associated with

The full fee due in connection with this communication is

[X]	The Commissioner is nereby authorized to charge any additional fees associated with this
-	communication or credit any overpayment to Deposit Account No.: 23-0085.
	A <u>duplicate copy</u> of this authorization is enclosed.

[]	A	check	in	the	amount	of	\$
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5.

[]	Charge any fee	es required or	credit any	overpayments	associated with	n this filing to	Deposit
		Account No.:	23-0085.					

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer Number: 45545

Respectfully submitted,

Date: 10/4/04

Ronald M. Pomerenke Reg. No. 43,009